Approved for use through 10/31/2002 OMB 0651-0032
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number

1502-88CON **Attorney Docket Number DECLARATION FOR UTILITY OR** William F. Avrin First Named Inventor **DESIGN** COMPLETE IF KNOWN PATENT APPLICATION (37 CFR 1.63) Application Number □ Declaration □ Declaration 27 March 2001 Filing Date Submitted after Initial Submitted OR Filing (surcharge Unknown With Initial Group Art Unit (37 CFR 1.16 (e)) Filing **Examiner Name** Unknown required)

As a below named inventor, I hereby declare that:									
My residence, post office address, and citizenship are as stated below next to my name									
My residence, post office address, and citizenship are as stated below flext to my finance									
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled									
Simplified Water-Bag Technique for Magnetic Susceptibility Measurements on the									
Human Body and Other Specimens									
the specification of which (Title of the Invention)									
is attached hereto									
OR									
was filed on (MM/DD/YYYY) as United States Application Number or PCT International									
Application Number	and was amended on (MM/DD/YYYY) (if applicable).								
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above									
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1 56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application									
I hereby claim foreign priority benefits under 35 U S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international									
application having a filing date before that of the application on which priority is claimed.									
Prior Foreign Application Number(s) Country		Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	YES	NO				
,									
				_ п					
				п	П				
				П					
☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.									
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below									
ApplicationNumber(s	MM/DD/YYYY)								
			numbers a a supplem	provisional app ire listed on ental priority da 2B attached he	ta sheet				

[Page 1 of 3]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U S Patent and Trademark Office, Washington, DC 20231 DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO. Assistant Commissioner for Patents, Washington, DC 20231

Approved for use through 10/31/2002 OMB 0651-0032

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number

DECLARATION — Utility or Design Patent Application

Direct all correspondence to:				00616	OR	☐ Cor	respondance address below		
Name	Name Lawrence A Maxham								
Address	BAKER & MAXHAM								
Address									
Charles 7ID									
City San Diego								92101	
Country								Fax	
US 619.233.9004				6			14.1246		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon									
NAME OF SOLE OR FIRST INVENTOR:									
Given Name William F.				Family Name Avrin or Surname					
Inventor's Signature								Da	ite
Residence: City	e: City State			C	Country			Citizenship	
San Diego CA			l	US US					
Mailing Address 9598 Carroll Canyon Road, #165									
Mailing Addres	s								
City	State			ZIP	ZIP Country				
San Diego		CA		9212	2126 US				
NAME OF SECOND INVENTOR:									
Given Name Sankaran				Family Name Kumar or Surname					
Inventor's Signature				Date					
Residence: Cit	Residence: City State			Country		Citizenship			
San Marcos CA			us		US				
Mailing Address 1009 Honeysuckle Drive									
Mailing Address									
City	State				ZIP		Co	Country	
San Marcos	CA			92069		- 1	us		
Out interest									
Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.									

Approved for use through 10/31/2002 OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>1</u>

Name of Additional Joint Inventor, if any:		☐ A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
Peter		Czi	Czipott					
Inventor's Signature						Date		
Residence: City	San Diego S	State CA Country US				US Citizenship		
Mailing Address	10741 Wallingford Ro	oad						
Mailing Address								
City San Diego		CA State	92126 Country		US ntry			
Name of Additional Joint Inventor, if any:				☐ A petition has been filed for this unsigned inventor				
Given Name (first and middle [ɪf any])				Family Name or Surname				
Walter N			Fre	Freeman				
Inventor's Signature						Date		
Residence: City	San Diego S	State CA Country US				Citizenship		
Mailing Address	ue							
Mailing Address								
City	San Diego St	tate CA	Zip	Zip 92122 Cou		ountry		
Name of Additional Joint Inventor, if any:						nis unsigned inventor		
Given Name (first and middle [if any])				Family Name or Surname				
Hoke S.			Tr	Trammell				
Inventor's Signature						Date		
Residence: City	San Diego	State CA	Cou	ntry US		Citizenship US		
Mailing Address	ailing Address 6965 Golfcrest Drive, #2062							
Mailing Address								
City	San Diego	State CA		Zip 92119	Co	untry		

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

[Page 3 of 3]